



Smoke-Free Housing Lease Addendum

To insure quality of air and the safety of all public housing residents, pursuant to 24 CFR § 965, Subpart G, Abilene Housing Authority has declared that all buildings belonging to the housing authority are smoke-free. The following will apply:

1. All current residents, all new residents, all employees, all guests and all contractors are prohibited from smoking in all apartments, utility buildings, community buildings and offices owned by the Housing Authority.
2. Smoking outside any building or apartment is allowed as long as it is 25 feet from the building or apartment.
3. Prohibited tobacco products include cigarettes, cigars, pipes and water pipes (hookahs)
4. All residents, employees and guests are responsible for properly disposing of smoking product wrappings and residue such as cigarette butts.
5. “No smoking” signs will be posted on the main office door and in other pertinent areas of the Public Housing sites.
6. Evidence of a violation of this policy includes but is not limited to resident complaints, witness observation, and odor and/or evidence of tobacco paraphernalia observed during unit maintenance and pest control visits and inspections.
7. The Housing Authority will provide referrals to smoking cessation services for any current residents who smoke and wish to quit.
8. All current and new residents living in Abilene Housing Authority shall sign the Smoke-Free Policy. Certification for placement in the resident’s file and a copy will be provided to him/her.

9. Any deviation from this Smoke-Free Housing Policy by any resident, household member or their guest will be considered a lease violation. Three (3) violations could result in eviction. First violation will result in a verbal warning. Second violation will result in a written warning. Third violation could result in a final notice with intent to start eviction procedures.

Resident Certification

Apartment Address
Unit No.

I certify that I have read the Smoke-Free Housing Policy and agree to fully abide by its provisions. I understand that residents are responsible for the actions of their household members, their guests and visitors. I understand that failure to adhere to any conditions of this policy will constitute a violation of the Dwelling Lease Agreement.

Head of Household (*signature*)

Date

Spouse/Co-Head/Other Adult (*Signature*)

Date